DESI AVOIIODIE COPYApplication or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

09777304

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			25					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			25 - minus 20=		. 5			X\$ 9=		OR	X\$18=	90.0
INDEPENDENT CLAIMS			5 - minus 3 =		2			X40=		OR	X80=	160.0
MULTIPLE DEPENDENT CLAIM P			RESENT					+135=		OR	+270=	10010
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	960,0
CLAIMS AS AMENDED - PART II							SMALL ENTITY			OTHER SMALL	THAN	
	(Column 1) CLAIMS			(Colur		(Column 3)	4 1	SWALL	ADDI-	OR I	OMALL !	ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	T CL AIM	=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	OLTIPLE DEP	CINDEIN	CLAIN		j	+135=		OR	+270=	
								TOTAL		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3	1	ADDIT. FEE	1		ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER		HIG NUI	HEST MBER IOUSLY	PRESENT EXTRA	1	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
	Total	AMENDMENT	Minus	PAIC	FOR	=	1	VA 0	FEE		V040	FEE_
		*	Minus			=	-	X\$ 9=		OR	X\$18=	
₹	Independent	NTATION OF M		***	IT CLAIM	L.,	-	X40=		OR	X80=	
	THOI PRESE	INTATION OF IV	OLITEL DEF	ENDEN	IT CLAIIVI		_	+135=		OR	+270=	
	·							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)											
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER VIOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	7
	Independent	*	Minus	***	AT CLAIM	=	-	X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=									OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
"	If the "Highest No The "Highest Nu	umber Previously mber Previously P	Paid For" IN THI aid For" (Total o	S SPACI r Indeper	E is less th ndent) is th	an 3, enter "3." e highest num	" iber f			ox in c		